



Partners with the Community

City of San Antonio
Neighborhood Action Department
1400 S. Flores Street
San Antonio, Texas 78204

Tel: (210) 207-7881

Fax: (210) 207-7914

CONTRACTOR INFORMATION FORM

A. **COMPANY NAME:** (Print) _____

Address _____

City, State, & Zip _____

Telephone No. _____ Employer's Tax ID. _____

B. **PRINCIPALS OF FIRM:**

1. Name _____ Title _____

Home Address _____

City, State, & Zip _____

Telephone No. _____ Fax No. _____

Work Experience _____

2. Name _____ Title _____

Home Address _____

City, State, & Zip _____

Telephone No. _____ Fax No. _____

Work Experience _____

3. Name _____ Title _____

Home Address _____

City, State, & Zip _____

Telephone No. _____ Fax No. _____

Work Experience _____

C. HISTORY OF COMPANY:

1. How long has the company identified in paragraph A been under present company name?

2. Are you a member of any trade or professional association? _____ Yes _____ No

3. Trades or Association Name _____

4. Number of Employees: Office _____ Trades _____ (Give averages if number fluctuates)

5. Contractor's License Number _____ Where Licensed _____

6. Have you ever had your Contractor's License revoked? _____ Yes _____ No

If yes, give details _____

7. Have you ever failed to complete work awarded to you? _____ Yes _____ No

If yes, give details _____

8. Have you ever defaulted on a contract? _____ Yes _____ No

If so, briefly state reason for default. _____

9. Are you on any list of debarment or suspension or have been declared ineligible to participate in any Federal Assistance Programs? _____ Yes _____ No

10. Have any members of the firm been sued within the past 24 months by sub-contractors, suppliers, customers, or other persons relative to your business?

_____ Yes _____ No If Yes, give details _____

D. CONTRACTOR'S INFORMATION AND BACKGROUND:

1. Principal Contractor's Social Security Number:

2. How long have you been in business? _____

3. What did you do prior to starting your business? _____

4. Describe your construction background & construction knowledge: _____

If you have no construction background, who in your company does? _____

5. In what areas and trades are you licensed by this jurisdiction?

6. Do you maintain an office or do you work out of your home? _____

7. Who keeps the accounting records for your business? _____

8. Who is responsible for jobsite day-day activities such as: scheduling, supervision, coordination, quality control, clients concerns & complaints, etc.? _____

9. How many employees do you employ full-time and which trades do they cover?

10. How long have you maintained full-time employees worked for you?

11. Do you purchase material on credit or do you pay cash?

12. How long does it take you to build a new 1,000 square foot home?

13. Describe the ways in which you establish and maintain a positive working relationship with your client and how you get your client involved in the construction process; maintain communication and inform each other on important issues relative to the construction:

14. During the construction process, are you available to your clients without having to wait too long to discuss construction related activities?

15. What kind of warranty do you provide your customers upon completion of the construction work and how long are the warranty period?

16. From the time that your client calls you to register a complaint, or calls regarding workmanship or warranty issues, how long does it take you to respond and how long does it take you to repair and correct deficiencies that are under warranty?

17. After a building inspector or Texas Real Estate Commission Home inspector conducts a final inspection of a reconstructed or rehabilitated home you completed, how long does it take you to complete and correct all deficiencies based on the punch list?

E. **CONSTRUCTION WORK PREFERENCE:**

1. What type of construction work program do you want to participate in?

- ☐ Reconstruction (New construction) Yes_____ No_____
- Single family units Yes_____ No_____
- Multi-family developments Yes_____ No_____
- ☐ Rehabilitation (Existing homes) Yes_____ No_____
- Single family units Yes_____ No_____
- Multi-family developments Yes_____ No_____

F. **PUBLIC AGENCIES:**

1. Have you participated and performed similar work regarding housing construction related activities with other public entities, i.e., San Antonio Housing Authority (SAHA), San Antonio Development Agency (SADA), etc.? _____ Yes _____ No

If yes, please complete the following information:

(a) Agency Name _____ Phone No. _____

Address _____ City, State, and Zip _____

Type of Work _____

Contract Amount \$ _____ Completed _____

(b) Agency Name _____ Phone No. _____

Address _____ City, State, and Zip _____

Type of Work _____

Contract Amount \$ _____ Completed _____

(c) Agency Name _____ Phone No. _____

Address: _____ City, State, and Zip _____

Type of Work _____

Contract Amount \$ _____ Completed _____

(d) Agency Name _____ Phone No. _____
Address _____ City, State, and Zip _____
Type of Work _____
Contract Amount \$ _____ Completed _____

G. FINANCIAL INSTITUTIONS:

1. What financial institutions have you conducted business with during the past ten years?

(a) Bank Name _____ Phone No. _____
Address _____ City, State, Zip _____
Type of Loan _____
Amount \$ _____ Contact Person _____

(b) Bank Name _____ Phone No. _____
Address _____ City, State, Zip _____
Type of Loan _____
Amount \$ _____ Contact Person _____

(c) Bank Name _____ Phone No. _____
Address _____ City, State, Zip _____
Type of Loan _____
Amount \$ _____ Contact Person _____

(d) Bank Name _____ Phone No. _____
Address _____ City, State, Zip _____
Type of Loan _____
Amount \$ _____ Contact Person _____

H. PRESENT CONTRACT AGREEMENTS:

Presently, do you have any contract agreements under construction? _____ Yes _____ No

If yes, provide the following information:

Address	Contract Amount	Client's Name	Client's Phone No.	Construction Start and Expected Completion

I. TYPES AND LIMITS OF INSURANCE:

Types of Policy	Policy Number	Limits of Liability	Company Name

J. SUPPLIER'S AND SUBCONTRACTOR'S REFERENCE:

Name of Supplier	Type of Materials	Telephone Number	Contact Person

K. BUSINESS TRADE REFERENCE:

Business Trade	Name of Subcontractor	Telephone Number	Contact Person
Electrician			
Electrician			
Plumber			
Plumber			
Roofer			
Roofer			
Painter			
Painter			
Flooring Contractor			
Flooring Contractor			
Foundation Contractor			
Foundation Contractor			
Heating & Air Condition			
Heating & Air Condition			
Other:			
Other:			

L. **CUSTOMERS FOR WHOM YOU HAVE COMPLETED REHABILITATION AND/OR RECONSTRUCTION WORK DURING THE PAST ONE-YEAR:**

1. Name _____ Phone No. _____

Address _____ City, State, Zip _____

Type of Work _____

Contract Amount \$ _____ Completed _____

2. Name _____ Phone No. _____

Address _____ City, State, Zip _____

Type of Work _____

Contract Amount \$ _____ Completed _____

3. Name _____ Phone No. _____

Address _____ City, State, Zip _____

Type of Work _____

Contract Amount \$ _____ Completed _____

4. Name _____ Phone No. _____

Address _____ City, State, Zip _____

Type of Work _____

Contract Amount \$ _____ Completed _____

5. Name _____ Phone No. _____

Address _____ City, State, Zip _____

Type of Work _____

Contract Amount \$ _____ Completed _____

6. Name _____ Phone No. _____

Address _____ City, State, Zip _____

Type of Work _____

M. CUSTOMERS FOR WHOM YOU HAVE COMPLETED REHABILITATION AND/OR RECONSTRUCTION WORK TWO OR MORE YEARS AGO:

1. Name _____ Phone No. _____

Address _____ City, State, Zip _____

Type of Work _____

Contract Amount \$ _____ Completed _____

2. Name _____ Phone No. _____

Address _____ City, State, Zip _____

Type of Work _____

Contract Amount \$ _____ Completed _____

3. Name _____ Phone No. _____

Address _____ City, State, Zip _____

Type of Work _____

Contract Amount \$ _____ Completed _____

4. Name _____ Phone No. _____

Address _____ City, State, Zip _____

Type of Work _____

Contract Amount \$ _____ Completed _____

5. Name _____ Phone No. _____

Address _____ City, State, Zip _____

Type of Work _____

Contract Amount \$ _____ Completed _____

6. Name _____ Phone No. _____

Address _____ City, State, Zip _____

Type of Work _____

Contract Amount \$ _____ Completed _____

N. **REQUIRED DOCUMENTS:**

1. The following documents must accompany this Contractor Information Form before this form is accepted and processed.

- ☐ Current Picture I.D. (Texas Driver's License).
- ☐ Current Contractor's License.
- ☐ Business/Construction Insurance Coverage.
- ☐ Financial Statement

O. **IMPORTANT NOTICE:**

THIS CONTRACTOR INFORMATION FORM WILL BE REVIEW BY POTENTIAL PROGRAM PARTICIPANTS IN ORDER THAT PROGRAM PARTICIPANTS ARE BETTER INFORM WITH REGARD TO CONTRACTOR'S QUALIFICATIONS.

P. **PENALTY FOR FALSE OR FRAUDULENT STATEMENT:**

1. USC Title 18, Sec. 1001, provides; “Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statement or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both.

The undersigned certifies that all information provided in this CONTRACTOR INFORMATION FORM, and all information in support of said form, is true and complete to the best of the undersigned’s knowledge and belief. Further, the undersigned hereby authorizes and requests any person, firm or corporation to furnish any information requested by the City of San Antonio, Neighborhood Action Department in verification of the recitals comprising this statement of contractor’s qualifications.

Signed this _____ day of _____, 2003.

Name of Contractor

By: _____

Title: _____
Owner, Partner, President, Agent or Representative

STATE OF TEXAS §
 §
COUNTY OF BEXAR §

BEFORE ME, the undersigned authority, on this day personally appeared, _____
_____ known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledges to me that the answers to the foregoing questions and all statements therein contained are true and correct.

GIVEN UNDER my hand and seal of office this _____ day of _____, 2003.

Notary Public in and for the State of Texas

Notary’s Commission Expires: _____